

PATENT COOPERATION TREATY

PCT

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INTERNATIONAL BUREAU
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To:

The International Bureau of WIPO
PCT Receiving Office Section
34, chemin des Colombettes
1211 Geneva 20
Switzerland

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Applicant's or agent's file reference
24947/1-PCT

International application No.
(if known)
PCT/IB2005/000330

International filing date *(day/month/year)*
(if known)
10 February 2005 (10.02.2005)

(Earliest) Priority date
(day/month/year)
11 February 2004 (11.02.2004)

Applicant
RUBICON RESEARCH PRIVATE LIMITED et al.

Title of invention
**CONTROLLED RELEASE PHARMACEUTICAL COMPOSITIONS WITH
IMPROVED BIOAVAILABILITY**

The applicant hereby requests the International Bureau to acknowledge to the following person *(include full name, address, facsimile No. and telephone No.)*:

**John C. Serio
Brown Rudnick Berlack Israels LLP
One Financial Center
Boston, MA 02111**

**Tel.: 617-856-8238
Fax: 617-856-8201**

the receipt by the following means:

☐ mail *(surface, air mail, registered)* ☐ delivery service ☒ facsimile transmission ☐ hand delivery

of the documents/elements listed below:

- ☐ PCT request (including declaration sheets) (pages)
- ☐ description (excluding sequence listing and/or tables relating thereto) (pages)
- ☐ claims (pages)
- ☐ abstract (pages)
- ☐ drawings (pages)
- ☐ sequence listing and/or tables relating thereto (pages)
- ☐ fee calculation sheet
- ☐ separate authorization to charge deposit account
- ☐ cheque *(indicate currency and amount)*
- ☐ cash *(in person only) (indicate amount)*
- ☐ power of attorney *(general power, copy of general power, separate power) (indicate kind and number)*
- ☐ statement explaining lack of signature *(if more than one, indicate number)*
- ☒ priority document *(if more than one, indicate number)* (original to follow by Federal Express)
- ☐ separate indications concerning deposited microorganism or other biological material (pages)
- ☐ sequence listing and/or tables relating thereto in electronic form *(indicate type and number of carriers)*
- ☐ statement accompanying sequence listing and/or tables relating thereto in electronic form *(if more than one, indicate number)*
- ☒ accompanying letter
- ☒ other *(specify)*: 92 bis letter adding inventors; Replacement sheets for PCT Request (2 pages).

Form PCT/RO/198 (RO/IB) (April 2005)

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IN THE PCT

APPLICANT: RUBICON RESEARCH PRIVATE LIMITED et al.

INTERNATIONAL APPLICATION NUMBER: PCT/IB2005/000330

INTERNATIONAL FILING DATE: 10 February 2005 (10.02.2005)

PRIORITY DATE: 11 February 2004 (11.02.2004)

TITLE: CONTROLLED RELEASE PHARMACEUTICAL COMPOSITIONS WITH
IMPROVED BIOAVAILABILITY

CERTIFICATE OF TRANSMISSION BY FACSIMILE AND FEDERAL EXPRESS	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being facsimile transmitted to: 41-22-910-0610, International Bureau of WIPO, PCT Receiving Office Section 34, chemin des Colombettes, 1211 Geneva 20, Switzerland, and by Federal Express, on the date shown below:	
By: <u>Sandra Wittkop</u> Sandra Wittkop	Date: <u>April 25, 2005</u>

International Bureau of WIPO
PCT Receiving Office
Section 34, chemin des Colombettes, 1211
Geneva 20
Switzerland

Dear Ms. Raccuff:

The above-referenced PCT patent application claims priority from Australian Provisional Patent Application No. 2004900661, filed on 11 February 2004. To perfect this claim of priority, Applicant hereby submits a certified copy of the priority application of Australian Provisional Patent Application No. 2004900661. The original document will follow with the Federal Express package.

Respectfully submitted,

RUBICON RESEARCH PRIVATE LIMITED

Pilgaonkar
PILGAONKAR, Pratibha

Dated: 6/5/05



Australian Government

104589159
WPS RECEIVED 10 AUG 2006

Patent Office
Canberra

I, LEANNE MYNOTT, MANAGER EXAMINATION SUPPORT AND SALES hereby certify that annexed is a true copy of the Provisional specification in connection with Application No. 2004900661 for a patent by RUBICON RESEARCH PRIVATE LIMITED as filed on 11 February 2004.



WITNESS my hand this
Twenty-fourth day of January 2005

LEANNE MYNOTT
MANAGER EXAMINATION SUPPORT
AND SALES

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IN THE PCT

APPLICANT: RUBICON RESEARCH PRIVATE LIMITED et al.
INTERNATIONAL APPLICATION NUMBER: PCT/IB2005/000330
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By: <u>Sandra Wittsup</u> Sandra Wittsup	Date: <u>April 25, 2005</u>

International Bureau of WIPO
PCT Receiving Office
Section 34, chemin des Colombettes, 1211
Geneva 20
Switzerland

LETTER NOTIFYING THE PCT OF ADDITIONAL INVENTORS(92 bis)

The undersigned hereby notifies the PCT Office of:

(a) the names of inventors in addition to PILGAONKAR, Pratibha are as follows:

RUSTOMJEE, Maharukh T.; GANDHI, Anilkumar S., and BAGDE, Pradnya M.

A replacement copy of the page 1 of the PCT Request form is attached, along with an additional page 1a naming the further inventors.

Please record these changes and notify all offices and PCT authorities interested in this change accordingly.

It is believed that no fee is due to effect these changes.

Respectfully submitted,

RUBICON RESEARCH PRIVATE LIMITED

Date: 6/5/05

Pilgaonkar
PILGAONKAR, Pratibha

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference (if desired) (12 characters maximum) 24947/1-PCT

Box No. I TITLE OF INVENTION
Controlled Release Pharmaceutical Compositions With Improved Bioavailability

Box No. II APPLICANT ☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

RUBICON RESEARCH PRIVATE LIMITED
221, Annex Building
Goregaon-Mulund Link Road
Opposite India Container Yard, Off L.B.S. Marg,
Bhandup (W), Mumbai - 400 078
India

Telephone No.

91-22-2566-1096

Facsimile No.

91-22-2566-1097

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:
India

State (that is, country) of residence:
India

This person is applicant for the purposes of: ☐ all designated States ☒ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

PILGAONKAR, Pratibha
801 / L / 6 Neelam Nagar,
V.B. Phadke Rd.,
Mulund (East); Mumbai 400 081
India

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
India

State (that is, country) of residence:
India

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: ☐ agent ☐ common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

SERIO, John C.
Brown Rudnick Berlack Israels LLP
One Financial Center, Box 1P
Boston, MA 02111
United States of America

Telephone No.

617-856-8238

Facsimile No.

617-856-8201

Teleprinter No.

Agent's registration No. with the Office
39,023

☒ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Form PCT/RO/101 (first sheet) (January 2004)
LegalStar 2004, Form PCTREQ

See Notes to the request form

REPLACEMENT SHEET

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Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)			
<i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) RUSTOMJEE, Maharukh T. Dhun Building, 'A' Block, 2nd Floor, Dr. Dadasaheb Bhadkamkar Marg, Mumbai 400 007, India		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office	
State (that is, country) of nationality: India		State (that is, country) of residence: India	
This person is applicant for the <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) GANDHI, Anilkumar S. 5B/25, Shree Jawahar Society Govindnagar, Sodawala Road, Borivali (W.) Mumbai: 400 092 India		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office	
State (that is, country) of nationality: India		State (that is, country) of residence: India	
This person is applicant for the <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) BAGDE, Pradnya M. B-75, Kranti Tower, Shree Nagar, Wagle Estate, Thane (W.) Thane-400 604 India		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office	
State (that is, country) of nationality: India		State (that is, country) of residence: India	
This person is applicant for the <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office	
State (that is, country) of nationality:		State (that is, country) of residence:	
This person is applicant for the <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental			
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.			

Form PCT/RO/101 (continuation sheet) (January 2004)
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See Notes to the request form

REPLACEMENT SHEET

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